

Registration Form



JENNY THOMPSON SWIM CLINIC

REGISTRATION FORM

Saturday May 19th and Sunday May 20th

Registration begins at 8:30am

Name

Age

Address

Phone

Swim Team Name

e-mail address

Parent Name

Home Phone

Parent Address

Cell Phone

T shirt size (please choose the appropriate adult or youth size S-XL)

*** Registration deadline is April 1st, Parents are not allowed on deck after 9am during the clinic***

Please check one

Swim Clinic Fees— _____ \$100 Saturday 5/19 9am-4pm ages 10-18 *T-shirt, lunch and snack included*

_____ \$50 Sunday 5/20 9am-12pm ages 19 & up *T-shirt included*

Saturday lunch and snack is included, please choose your lunch option:

_____ *Turkey*

_____ *Ham*

_____ *Cheese*

No refunds will be given. All persons participating in Dover Recreation programs do so at their own risk and without recourse to the City of Dover, its agents, officers or employees.

I, the undersigned, parent or guardian, do hereby agree to allow the individual(s) named above to participate in the activity, and I further agree to hold the City of Dover, Recreation Department harmless from and against any and all liability for any injury which may be suffered by the aforementioned individual arising out of his/her participation in this activity.

I, understand that in case of injury or illness, I will be notified. If it is impossible to contact me and if it is an emergency, I hereby give permission to the attending physician to treat, hospitalize, administer anesthesia, or to order injections or surgery for the safety of my child.

I, the parent/legal guardian, the undersigned have read this release and understand all its terms. I execute this release voluntarily and with full knowledge of its significance. I have executed this release on this date indicated next to my name. If needed please use back side.

⤵ Please indicate any medical concerns: medication(s) child is taking, swimming problems or other physical disabilities of which we should be made aware of: _____

We may be taking pictures of activities during any of our programs to use in our future publications. Please check if you would NOT allow use of these photos. ☐ **Do Not Allow the use of pictures**

SIGNATURE: _____ Date: _____

Health Insurance Company: _____ Policy Holder: _____

Policy # _____ Group # _____ ID # _____ Certificate # _____

Make Checks Payable to Dover Pool Fund and mail with registration form to:

Dover Recreation, 61 Locust Street, Suite 124, Dover, NH 03820

